APPLICATION WITHDRAWAL REQUEST

I wish to withdraw my application dated _____ for:

- ☐ Cash Aid
- ☐ Food Stamps
- ☐ Medi-Cal/State-Run CMSP

Reason: _____

Please answer the following questions:

Did you decide to drop this application? . . . . . ☐ YES ☐ NO

Did anyone from the County tell you to drop this application? . . . . . ☐ YES ☐ NO

I understand that I may reapply at any time. I also understand that by withdrawing my application, I will have no appeal rights.

YOU WILL NOT GET A HEARING IF YOU SIGN THIS FORM. THE COUNTY WILL SEND YOU A LETTER TO CONFIRM YOUR APPLICATION WITHDRAWAL.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF APPLICANT	DATE
COUNTY REPRESENTATIVE	DATE